



Student:	Student UID#	DOB:
School:	Grade:	Age:

- Commented [CAH1]:** Student's full name <First/Middle/Last>
- Commented [CAH2]:** Student's UID# = the Powerschool ID number
- Commented [CAH3]:** Date of birth

### INVITATION TO IEP TEAM MEETING

Parent/Guardian     Student

Dear: \_\_\_\_\_

**Commented [CAH4]:** The invitation is addressed to the parent/guardian and student (beginning at age 14). The parent and student receive separate invitations. There is only one version of the invitation that can be used for either the parent/guardian or student.

This invitation is a request that you attend an IEP Team meeting to discuss the unique needs of the student. You may also bring another person(s) who has knowledge or expertise about the unique needs. Although not required for you to notify the school of additional participants, it is helpful in making appropriate arrangements.

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Commented [CAH5]:** This is the date, time and location in which the IEP Team meeting will be held.

**The purpose(s) listed below may apply to this meeting:**

- Discuss the special education referral for an initial evaluation or reevaluation
- Discuss evaluation results to determine eligibility for special education and related services
- Discuss, develop, review and/or revise the individualized education program
- Discuss educational placement
- Other: \_\_\_\_\_

**Commented [CAH6]:** Check all of the purposes that may apply for the IEP Team meeting. There is no procedural error if a meeting purpose is selected but not addressed.

**The following required members of the IEP Team are expected to attend the meeting:** (A Request to Excuse Required IEP Team Member(s) has been obtained if any of the below participants are identified as excused)

- LEA Representative     Special Education Teacher
- General Education Teacher     Interpreter of Instructional Implications of Evaluation Results

**Commented [CAH7]:** Check the required IEP Team members that will be attending the IEP Team meeting. Members left unchecked are assumed to be excused if consent to excuse that IEP Team member has been received.

**Other participants expected to attend the meeting:**

\_\_\_\_\_

\_\_\_\_\_

**Commented [CAH8]:** Document other expected participants by role. Examples include: Occupational Therapist, Guidance Counselor, School Nurse, etc.

**The following agency representative(s) are invited to the meeting:** (Consent to invite agency representative(s) must be in the EC file if they are attending to discuss transition services)

\_\_\_\_\_

\_\_\_\_\_

**Commented [CAH9]:** Document the participation of outside agencies here. Consent is required for outside agencies invited for the purpose of discussing transition services.

If this time is inconvenient, the IEP Team meeting can be rescheduled to a mutually agreeable time. If you are unable to attend or would prefer to participate by alternative means, those details can be arranged. Please use the contact information below to reschedule or arrange alternate means of participation.

EC Case Manager: \_\_\_\_\_ School: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Commented [CAH10]:** This information applies to the EC Case Manager – the staff member responsible for coordinating and managing the student's EC file. This is also the person to whom the Response to Invitation should be returned.

C: EC File, Parent/Guardian

Student ID#: \_\_\_\_\_



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### RESPONSE TO INVITATION

Please respond to this notice by checking the appropriate option below and return to the student's EC Case Manager prior to the meeting.

- I will attend the meeting as scheduled.
- I will participate in this IEP Team meeting by phone or other means. I can be reached at the phone number listed below on the date/time proposed above.  
Phone: (\_\_\_\_) \_\_\_\_\_
- I cannot attend or participate in the meeting at this time. I will contact the EC Case Manager to arrange a mutually agreed upon time.
- I do not wish to attend the meeting.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Commented [CAH11]:** This form is used to document the participation or non-participation of the parent/student/guardian as the case applies.

**Commented [CAH12]:** This is the signature of the parent/guardian/student invited to the meeting and providing the response.

C: EC File, Parent/Guardian

Student ID#: \_\_\_\_\_